

AATFACS Membership Application Form 2009-2010  
(Please fill out form completely)

**AATFACS/NATFACS/Arkansas ACTE & ACTE Membership Application Form**

Arkansas ACTE is a Unified State Association of ACTE: members MUST JOIN BOTH organizations.  
Information on this form will NOT be shared with anyone outside our membership.

**Member Information**

Member Name \_\_\_\_\_

Last 4 Digits of SS# \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Workplace \_\_\_\_\_

Work Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Fax \_\_\_\_\_

Years of Service in Education \_\_\_\_\_

Years as an AATFACS/NATFACS member \_\_\_\_\_

Years as an ArACTE (ArVA) Member \_\_\_\_\_

Home e-mail \_\_\_\_\_

Work e-mail \_\_\_\_\_

Your work position \_\_\_\_\_

FCCLA District No. \_\_\_\_\_

**Dues Summary**

**Unified Member**

ACTE \$80.00

National \$60.00

State \$20.00

NATFACS \$20.00

AATFACS \$5.00

**Total Dues** \$105.00

**Amount Paid** \_\_\_\_\_

check # \_\_\_\_\_ cash \_\_\_\_\_

☐ New ☐ Renewal

ACTE Membership # \_\_\_\_\_

**Payment Information**

Checks should be made to AATFACS  
and mailed to the following address:

Raelyne Massey  
811 West Park Street  
Walnut Ridge, AR 72476  
870-759-0416

raelyne.massey@bobcats.k12.ar.us

**THIS BOX FOR OFFICE USE ONLY**

ID Number \_\_\_\_\_

Date Received \_\_\_\_\_

Date Processed \_\_\_\_\_

Expiration Date \_\_\_\_\_